

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

490 7590 11/02/2004

VIDAS, ARRETT &amp; STEINKRAUS, P.A.

6109 BLUE CIRCLE DRIVE

SUITE 2000

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01/19/2005 RNEBRAH1 00000031 09548683

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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

|                        |                    |
|------------------------|--------------------|
| Robin Peddieson        | (Depositor's name) |
| <i>Robin Peddieson</i> | (Signature)        |
| January 10, 2005       | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/548,683      | 04/13/2000  | Patrick Rivelli JR.  | 5877-0001.32        | 7036             |

TITLE OF INVENTION: METHOD FOR TREATING NEUROVASCULAR ANEURYSMS

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE          | PUBLICATION FEE | TOTAL FEE(S) DUE   | DATE DUE             |
|----------------|--------------|--------------------|-----------------|--------------------|----------------------|
| nonprovisional | YES          | \$685<br>\$1400.00 | \$0             | \$685<br>\$1400.00 | 02/02/2005<br>Docket |
| EXAMINER       |              | ART UNIT           | CLASS-SU BCLASS |                    |                      |
| WOO, JULIAN W  |              | 3731               | 623-011110      |                    |                      |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Vidas, Arrett &amp; Steinkraus PA

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston Scientific Scimed, Inc.

Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date January 10, 2005

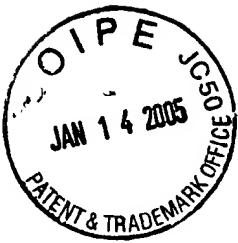
Typed or printed name

William E. Anderson

Registration No. 37766

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|                              |  |
|------------------------------|--|
| <b>In re Application of:</b> | <b>Patrick Rivelli, Jr.</b>                        |
| <b>Application No.:</b>      | <b>09/548683</b>                                   |
| <b>Filed:</b>                | <b>April 13, 2000</b>                              |
| <b>For:</b>                  | <b>METHOD FOR TREATING NEUROVASCULAR ANEURYSMS</b> |
| <b>Examiner:</b>             | <b>Julian W. Woo</b>                               |
| <b>Group Art Unit:</b>       | <b>3731</b>  |

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Docket No.: S63.2R-10973-US02

TRANSMITTAL LETTER

1. In regard to the above-identified application, in addition to this **2 page** transmittal letter, we are submitting the attached:  
**1 page copy of Part B – Fee Transmittal; 1 page “Fee Address” indication form; 1 check # 19854 in the amount of \$1,400.00; and Return Postcard.**
2. With respect to fees:  
☐ No additional fee is required.  
☒ **Attached is check # 19854 in the amount of \$1,400.00.**  
☐ Charge additional fee to our Deposit Account No. 22-0350.
3. **CONDITIONAL PETITION FOR EXTENSION OF TIME**  
This conditional petition is being filed along with the papers identified in Item 1 above and provides for the possibility that Applicant has inadvertently overlooked the need for a petition and fee for extension of time or for a petition and fee for any other matter petitionable to the Commissioner as required. If any extension of time for the accompanying response is required or if a petition for any other matter is required, by petitioner, Applicant requests that this be considered a petition therefor.
4. Notwithstanding paragraph 2 above, if any additional fees associated with this communication are required and have not otherwise been paid, including any fee associated with the Conditional Petition for Extension of Time, or any request in the accompanying papers for action which requires a fee as a petition to the Commissioner, please charge the additional fees to Deposit Account No. 22-0350.

**Transmittal Letter**  
**Issue Fee**  
**Page 2**


**Application No.: 09/548,683**  
**Attorney Docket No.: S63.2-10973-US02**

Please charge any additional fees or credit overpayment associated with this communication to the Deposit Account No. 22-0350.

Respectfully submitted,

VIDAS, ARRETT & STEINKRAUS

Date: January 10, 2005

By:   
William E. Anderson II  
Registration No.: 37766

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Minnetonka, MN 55343-9185  
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Facsimile: (952) 563-3001

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**Certificate Under 37 CFR 1.8:** I hereby certify that this Transmittal Letter and the paper(s) as described herein, are being deposited in the U.S. Postal Service, as FIRST CLASS MAIL, addressed to Mail Stop Issue Fee, Commissioner for Patent, P.O. Box 1450, Alexandria, VA 22313-1450, on January 10, 2005.

  
Robin Peddieson